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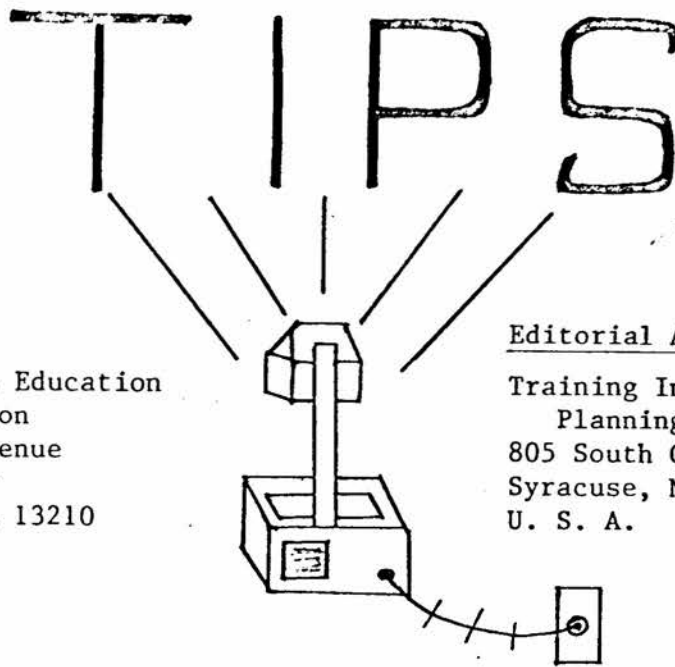
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Elderly People in Our Society, and the Human Services Addressed to Them

Our special theme for this issue is elderly people in our society, and services addressed to them. Because for the first time, we were unable to meet a reasonable publishing deadline, we will combine the June and August issues of TIPS into a single bigger issue, which also allows us to catch up on miscellaneous other items.

Positive Developments in Aging

Good news in human service is rare, as TIPS readers have come to appreciate. However, we have run across a number of good news items which we share below. Some mixed news items will be found under "Miscellaneous News About the Elderly."

*During the Civil War, in order to set an example to younger men, one Union regiment was made up entirely of members above the age of 45. The oldest member was 80 years old. While the regiment was spared from combat duty, it had to endure all the other hardships and rigors of army life. (News item submitted by Darcy Miller)

There are many challenges in life where maturity, discipline, stamina and iron will acquired through the years will easily triumph over sheer physical strength and youth.

*In an era when old age is highly devalued, it is salutary to recall that Adenauer became Chancellor of West Germany when he was 73, and held that office into his mid-80s; Toscanini conducted well into his 80s; Bertrand Russell finished one of his 40 books when he was 90; Casals continued as one of the world's greatest cellists until he died at 97; and there were many more like this.

*Starting during the Depression, being elderly gradually became a devalued condition. Of course, this form of deviancy is particularly culturally relative, as underlined by the fact that in some societies, being aged is still considered a valued state associated with presumably superior experience and wisdom. Apparently, former Israeli Prime Minister Begin has not been paying attention to the fact that this perception still exists in the Middle East, because in Fall 1982, he addressed the 34-year old President of Lebanon as "young man," which was universally accepted as an insult. (Time, 11/10/82)

*Retirement has different effects on different people. To people in many occupations, retirement means disengagement, dislocation, poverty, mental decline, death, etc. This is particularly true for people who had jobs for which there is little or no analogue outside of their job, and for people of the lower and lower-middle social classes.

The Spring 1982 issue of the Syracuse University Alumni News contained an astonishing survey of what the retired professors of the university were doing. In essence, the survey revealed that these professors did not really retire, and were virtually as busy as prior to retirement. Surely one can attribute this phenomenon to at least three facts. (a) By the very nature of their jobs, professors function very independently for decades, and thus will have the knowledge, habits, and initiative to remain self-directive. In contrast, many other people have the kinds of jobs in which their work is very structured, even if it is on a managerial level. (b) University professors are valued people and thus are much less at risk of having devaluing things done to them than are people at lower social strata. (c) Most professors have very comfortable retirement pensions. Awful things are much more likely to happen to elderly people who are poor. All of the above underlines the profound differences one is apt to find between people who end up in nursing homes (and perhaps do so relatively early in their old age) and those who remain independent and vigorous to the very end. A German proverb says "Because you are poor, you must die early." Today, we might augment this to "Because you are poor, you will become senile." It is our guess that disproportionately few retired university professors end up becoming, or being called, senile.

*A relatively positive development described in the July/August 1982 issue of Aging, is senior citizen olympics. The issue also carries a very impressive series of pictures on the cover of elderly people carrying big backpacks on a hike and climbing dangerous mountainsides. The activities were part of a program at Southern Illinois University at Carbondale.

*Really good news for older people is that 42 senior citizens have been bicycling across Canada from coast to coast, and between Victoria and Ottawa only 10 dropped out. One 77-year old man hadn't been on a bicycle for 40 years, and many of the cyclists managed to throw away the medications which they had been put on by their physicians for years. (Ottawa Citizen, 29/2/83; source item submitted by Ray Lemay)

*Phenomenally good news comes from Spokane, Washington, where a very competent woman who is 106 years old is keeping house for her 80 year old widowed son. She fixes three meals a day and reads her Bible every day (AP, late 1982; news item submitted by Eva Kaufman).

*J.F. Boyd is chairman of a La. oil and gas company that he has worked for for 40 years. In 1982, it had a phenomenal \$1.6 million profits on \$6.2 million sales. He attends all board meetings, follows the monthly reports, etc. The man is 99 years old.

*A 90-year old newspaper woman who had one of the top TV interview shows in Cleveland signed a contract in 1983 for three more years (CS, 2/11/83).

*A 79-year old widow lived in a rather fancy apartment cooperative building (with doorman) in Kensington, New York. She could not walk anymore and therefore used a wheelchair. So once a day, she had her attendant roll her wheelchair for a few minutes out in front of her apartment building, which is a small but cherished pleasure of hers. The owners of the apartment building began to threaten to evict her unless she would sit somewhere else because she made the apartment building "look like a nursing home." However, the lady had once played valued roles in life, and still has her wits and spunk, and sued the owners for her rights to sit outside the building, and for punitive damages. Had she not been prominent and relatively well to do, she would have suffered the collapse of her autonomy and rights the way devalued people commonly experience it. Among other things, the vignette underlines that even previously very valued and wealthy people become highly at risk of devaluation once they become elderly, and all sorts of other bad things can happen to them unless intense vigilance is practiced in their defense. (News item supplied by Carol Hansen)

*Since the mid 1950s, Texas Refinery Corporation in Fort Worth has purposefully hired a great many elderly salespeople, even if they are over 70. Some of them in their 80s still work full-time, and are successful in their business (Aging, Fall 83). Old age can even give an advantage to a person, not only in terms of experience, but also in the eyes of customers who are elderly themselves and are less apt to trust the younger person.

*Avanti Motor Corporation in South Bend, Indiana, produces a very small number of practically hand-built luxury quality cars. The good news is that it employs a large proportion of elderly workers because of their high skill and commitment to quality (Aging No. 343, 1984).

*Computer training has begun to be offered by a regional library system based in Saratoga Springs, NY. A large proportion of learners turned out to be elderly people, and special demonstrations have even been taken to senior citizen centers and nursing homes (Aging, No. 343, 1984).

*Fourteen students at Hunterdon Central High School in New Jersey met 14 elderly citizens in order to interview them and write their biographies. The students learned a lot about history and how it was experienced by these elderly citizens, as well as writing skills, while at the same time many positive relationships were established between the respective pairs. One student was so impressed that he wrote 8 poems about the woman whom he was interviewing. (Source item supplied by Michael Sciafani)

*There is a chain of retirement homes (called Augustinum) in West Germany sponsored by the major Protestant Church which has gone to great lengths to project a positive image upon its residents. For instance, cultural events for the community at large are commonly held at these sites. In one locale, the surrounding city observed its 650th anniversary in the auditorium of one of these establishments, and even the prime minister of the respective state attended. Residents govern most of the affairs of the setting, and meals are served somewhat comparable to the way they might be in a very expensive restaurant.

*Home sharing between elderly and other people, as an alternative to institutionalization and other services, has long been proposed, and sporadically practiced, but relatively little promoted and supported. However, one such project has been operated by Project Match in San Jose, CA (Aging, Jan/Feb 1982).

*Here is some really good news: following an open house of a nursing home for 103 people that was to open a few days later in St. Johns, Michigan, thieves broke in and stole all kinds of furnishings (UPI, in Syracuse Herald Journal, 26/5/82).

*In a number of local communities, mail carriers have joined a Carrier Alert Program which monitors whether elderly people are picking up their mail from their mail boxes, and which looks into the situation if they fail to do so.

*In supposedly the first (and therefore largest) effort of its kind, 25 religious groups have received grants totalling \$3.0 million to expand volunteer services that might enable elderly people to keep living at home. Nearly 1000 church groups have expressed interest in receiving these grants from the Robert Wood Johnson Foundation, and 345 submitted proposals. (Source item supplied by John Morris)

The Plight of Elderly People in Our Society

*In the 22/2/82 issue of Newsweek, a guest editor wrote one of the most incisive one-page summaries of what it is like to be old in the United States. He strongly urged readers not to accept--not to mention seek--retirement any earlier than necessary, because "once retired, you are one with blacks, Hispanics, the handicapped, homosexuals, jailbirds, the insane, the retarded, children and women." He said that elderly people who do not work become nothing more in their society than potential sources of income to others, "bodies from whom some final payments can still be exacted." Old age homes he called "dismal halfway houses to the grave: turnover is profit." He also noted insightfully that in America, activities for old people are artificially manufactured, and people get academic degrees on how to occupy old people with busy work. "Everyone knows it, everyone lies about it, and society conspires to keep them there. It is a not so genteel form of genocide. No amount of shuffleboard, creative writing, canasta or sight-seeing can hide the unpleasant truth. Society's message is spend money, but stay out of the way, and make no demands." He called retirement "the first giant step to the cemetery," and he asked why retire younger and younger when people are living to be older and older. Once "out," it is almost impossible to get back "in." "Don't let them convince you that the golden years await you. It's a lie." He urges older people to be militant, to work to the last minute, and to organize politically.

*A startling finding from the US Department of Labor is that only one-fifth of people over age 60 in the US were still working in 1981. In part, this has been due to a creep towards ever earlier retirement, and a systematic disincentiving of continued work on the part of various retirement programs.

Strategies for segregating elderly people. Not only do we now have institutions for aged people, but we have apartment projects designated for them, senior clubs, senior choirs (thereby often depriving other choirs of male bass voices), and even entire cities for the elderly, such as Sun City, Arizona. Florida is not far away from being a state totally set aside for elderly people.

*We find it very puzzling why elderly people would opt to buy a place in a condominium at up to \$90,000 per apartment, plus monthly maintenance fees of up to \$700. For this kind of money, one could not only buy a very nice house, but also hire people to take care of it. Obviously, there is something in the ideology of our country and the mentality of older people that would convince them to spend many times more money for a vastly inferior (and perhaps even segregated) way of living than for staying put where they have their roots, and at lesser cost yet.

*A most unfortunate trend is the conversion of school buildings into senior housing. In Syracuse, NY, two schools have been converted into housing for elderly people with low incomes. The city declared these atrocities to be "innovative conversions." A third school is in the process of being similarly converted. Conceivably, people who were pupils in these schools may die in them as poor old residents.

*In our training events, we often talk about the fact that elderly people are being blamed for all of the economic problems of our society, and that this blaming of a devalued group serves the purposes of both releasing societal tensions by explaining an otherwise hard-to-understand phenomenon, and also legitimizes the destruction of that devalued group as the source of societal problems.

An increasing number of commentary and cartoons are generating hostility toward elderly people by dwelling on the theme that younger people will have to support more and more older ones. For instance, a cartoon in the Syracuse Herald Journal of 14/3/82 showed an old lady called "Entitlement" holding up three middle-aged men at gunpoint, the men being entitled "taxpayers." Thus, this cartoon sowed division both among the sexes as well as age groups. David B. Wilson, a Boston Globe columnist, argued that the presence of dependent elderly people is likely to "blight the experience of the young and mature" (Minneapolis Star & Tribune, 7/10/83). The famous British feminist Germaine Greer, who has recently been back in the news with publication of her new book on the so-called sexual revolution, is quoted as having said, "I don't want to work my tits off" for a lot of old people. (Source item submitted by Bruce Uditsky)

*Yet another new atrocity in the field of aging is to call middle-aged people "the sandwich generation" because they are supposedly sandwiched between their children and their own parents (e.g., Aging, Fall 83). As everybody knows, sandwiches get eaten up, and thus this new term subtly contributes to the increasing perception of elderly people as very, and possibly unbearably, burdensome.

*It seems that even though people are becoming older and older, the qualifications for being a "golden ager" are getting lower and lower. Thus, in order to join Catholic Golden Age, one only needs to be 50 years old.

*In Newsweek (27/9/82), a situation was described where a 67-year old retired police officer received a \$20,000 a year pension, \$9400 in Social Security payments for him and his wife, and an annual income of \$12,000 from savings and investments. Yet because his wife had a series of medical problems, the couple might end up penniless and on welfare within one year. Their medical expenses alone exceed their income, and these expenses were rather typical ones for the kind of care she needed.

In the above case, the standard procedure would be for the man's pension to be legally attached to pay for the medical expenses, all the savings and investments would have to be spent except for a small residual (\$2600 a person in 1982, essentially for burial expenses), and then the couple would be eligible for Medicaid. Yet it is also interesting that most nursing homes will not admit persons who are eligible for the relatively few kinds of Medicaid payments to which a person may be entitled. If the man had owed money, been guilty of a swindle or were imprisoned for murder, his pension could not have been legally attached, but having a sick spouse does not fall among these exemptions. Should the man go to work, he would not be able to keep his salary, except for a modest amount for rent and food. Strangely enough, the government loses money by this deal by, in essence confiscating the capital assets of the couple instead of supplementing the income of these assets. All this underlines dramatically that the point of the system is really one of poverty-making rather than bill-paying. The most logical solution in such a case is for the couple to get a legal divorce so that at least half of their assets would be protected.

*An old widow living alone in a two-bedroom mobile home wrote a letter to the Syracuse Herald Journal (8/5/83) documenting her plight. She lives on social security and a small pension, but her utility bill, despite great economies, came to \$530 in April '83 alone. Her Blue Cross insurance costs her about \$400 a year, her phone bill \$53 a month even though she owns her phone and only had two long distance calls on it. She concluded sadly, "I have read where years ago the Eskimo people put their old people on an ice floe and let them freeze to death when they were no longer able to function properly. Is that what these big companies are trying to do to us when we can no longer pay the constantly rising and atrocious bills they send us?"

*Charges have been filed that the Chicago Housing Authority (CHA) has been colluding with private nursing homes in illegally, and through trickery, moving elderly CHA tenants into these nursing homes. Reportedly, some of the tenants were told they were going on a picnic, to a doctor's office or to a hospital, and were sometimes taken against their will and almost as if they were prisoners (Chicago Tribune, 11/2/83; news item submitted by Lynn Breedlove).

*Ever since it was opened in 1975, the Kings Terrace Nursing Home in New York City has been found to have had serious deficiencies. The courts finally ordered the nursing home sold and fined its owners, who turned out to include a state Supreme Court judge (AP, in Syracuse Herald Journal, 11/11/82).

*An estimated 75% of California nursing home residents received no visitors during an average month, and many have been deserted or have outlived their relatives and friends. A California State Commission concluded that 10 years after the state was rocked with revelations about neglect, abuse and exploitation in nursing homes, little has changed. Even where abuses are severe, the state has not revoked the licenses because it had no other places for the elderly people. The chairperson of the commission made a surprisingly strong statement that "The owners or administrators of these facilities should spend more time in jail" (Peninsula Times Tribune, 18/8/83; source item supplied by Jane Hoyt).

*On the basis of a two-year study, an advocacy group, Friends and Relatives of Institutionalized Aged, charged that the best-regarded nursing homes in New York City serve primarily Caucasians, while members of racial minority groups are relegated to lesser institutions. Health department and nursing home spokespersons quickly denied the allegation (Syracuse Herald Journal, 28/1/84).

*After decades of nursing home scandals in New York State, a 1983 survey of citizens of the state disclosed that 60% of them thought that such facilities ranged from good to excellent, and only 10% thought of them as poor.

*While only about 5% of the elderly currently live in nursing homes, some estimates are that 25% of Americans who live long enough will spend at least some time in such facilities.

*In 1980, 62% of Quebec residents aged 65 and over lived below the poverty line, accounting for 25% of all the poor in the province (Canada's Mental Health, 9/82).

*The US National Institute on Aging has listed 61 conditions, ranging from mental to physical, which can mimic or bring on the symptoms of what people would ordinarily call senility. When an older person shows such symptoms, they often are merely shrugged off as inevitable signs of aging, whereas there is a good chance that something can be done about any of the 61 precursors or imitators of senility that may be involved. As a result of this low expectancy, the person often becomes irreversibly senile for real.

*In older people, psychotropic drugs usually take longer to start working, but once they do, they tend to produce a greater effect per milligram of bodyweight, and will stay longer in the body. Physicians are given to overmedicate anyway, and especially so with psychoactive drugs. They may not be tuned in to these additional issues affecting elderly people. Elderly people are not only apt to have a whole series of drugs prescribed to them, but to additionally take over-the-counter drugs without prescription, all of which can interact in a vicious fashion (UPI, in Syracuse Herald Journal, 4/2/82).

*Elderly people are commonly bombarded with suggestions that they take vitamin-mineral supplements, but it has been found that contrary to wide-spread assumption, they usually are not deficient in iron but in zinc. Deficiencies in Vitamin B1 usually occur when elderly people drink too much alcohol, or if they do not eat well due to disease or poverty. Chronic illness and certain drugs are major contributors to nutritional deficiencies (Aging, Feb/Mar, '84).

*Meals eaten at congregate meal sites for the elderly in the US were found to be significantly deficient in Vitamin C, and markedly deficient in zinc. While otherwise nutritious, there were shortcomings of sanitation and food temperatures (Aging, Fall 83).

*There are nursing homes which still do not permit married couples to share a room, much less a double bed (Globe & Mail, 3/11/83).

*An elderly man killed his wife and then himself because they were about to be sent to separate old age homes, and he could not bear the thought (AP, in Syracuse Herald Journal, 16/8/82).

*In the fall of 1982, residents of a Greater Boston nursing home began to be harrassed and assaulted by children walking home from their neighborhood elementary school. For instance, they threw rocks because they wanted to "see the monsters and crazy people react." Apparently, the students had picked up these notions from their own families or from larger society, and were thus only transacting the larger societal patterns of devaluation of mostly elderly people (Aging Fall 83).

*The head of the Atlanta Regional Commission's program against abuse of the elderly became a victim of elder abuse when her adopted son strangled her and then set fire to her home in order to cover up the crime (Atlanta Journal, 30/4/84; source item supplied by Jacquelyn Mincey-Cone).

*In a study of 300 grandchildren and 300 grandparents, it was found that only 15 grandchildren-grandparent pairs had any regular and close contact (Human Development News, 5/82).

*In Munich, West Germany, an old man lay dead in his one-room apartment for seven years before being discovered (Amerika Woche, 24/6/82).

*The sad fact is that so-called "late-life divorces" are becoming more frequent, as is virtually everything that can be considered an index of declining social cohesion and personal stability. In part, the phenomenon is due to older people trying to catch up with the liberation that they assume the younger generation enjoys. It appears that the fault, so to speak, is often that of the husband, and the impact is particularly hard on the wife. Amazingly, there now are even self-help groups specifically for such people, called Divorce After Sixty (Aging, Fall '83).

*Aging (July/August 1982) carried an article entitled "The Senior Center: An Ideal Milieu for Psychotherapy." The conscious and unconscious assumptions contained in this title are staggering.

Images of Aging in Our Society

The symbols one attaches to an entity often reveal one's deeper attitudes towards it. Further, it is through imagery that people's attitudes are strongly shaped, especially if they are still young. In our society, there is much negative imagery about being old. We invite our readers to note the roles implied by so many of the items below: the aged as worthless and disposable, as sick, dead or dying, as in their second childhood, as subhuman animals or vegetables, as stupid, or even as menaces to society and obstacles to the self-realization of the young.

*A common assumption about old people is that they quit changing and learning about fifty years ago, and that they are living in the far-off past. This assumption is reflected when senior citizens either are involved in, or made the recipients of, programs such as singing the songs of long ago, dancing dances popular many decades ago, putting on an "old-time radio drama," watching or participating in fashion shows of outdated fashions, and so on. It is also assumed that older people prefer to watch old movies, old plays, read old books, that they like to drive ancient automobiles, and that they are more fond of antiques than younger people.

It is interesting that many of these assumptions are reflected in the content of journals for elderly people, such as in Modern Maturity, published by the American Association of Retired Persons. One wonders whether the editorial staff consists of younger people who have these ideas, whether it consists of older people who have them, and/or whether the readership really reflects these assumptions, and if so, whether this is due to role expectations and role circularity.

*For ten years, the Somerset Valley Nursing Home in Bound Brook, NJ, and the Greenfield Convalescent Center in Bridgewater, have held an automobile show. The problem is that the automobiles were antique cars. Noted the newspaper in which this was recorded (Courier News, 13/7/84), "If you are 25 or older you can consider yourself an antique--if you are a car." (Source item submitted by Michael Sciafani)

*As is to be expected, some elderly people actually go along with the above expectations. For instance, the senior citizen center of Oak Park and River Forest, Illinois, established a program called Antiques and Treasures Galore, in which people are invited to come and sell their antiques at the local senior citizen center (Aging, Jan./Feb. 1982). Elderly people, too, are invited to sell their own antiques, which might be viewed as another way of stripping them of the ties to their past and converting these ties into money. Possibly, there is a hidden connotation that elderly people are poor and need to sell their possessions in order to eke out an existence.

*Old people are often deviancy-imaged by being juxtaposed to clock, watch and time images, remindful of the passage of time, and the advent of death. Aging, the journal of the Federal Administration on Aging, has persistently managed over the years to include all kinds of deviancy images. The March/April 1982 issue managed to illustrate one of its articles with a huge "grandfather clock," and another article with a pocket watch out of which peered the face of an old woman. Yet another article in the issue showed an old woman who sat in what appeared to be a rocking chair. The good news was that the issue was devoted largely to services other than institutions.

*People have long been given watches as retirement gifts. Clockfaces are commonly used as logos for services for elderly people, or are sometimes used to illustrate stories about elderly people. For instance, the Central Indiana Council on Aging publishes a periodical called Life Times, with the two words

separated by the face of a pocketwatch. (Information submitted by Al Klotz) Why it is that only old age is so intimately associated with time, whereas other age spans are not? We rarely juxtapose time and timekeeping imagery to infants and young children. Quite obviously, the time/timekeeping imagery juxtaposed to the elderly relates to the concept of "time running out," rather than to an innocuous passage of time.

*There is a senior citizen newspaper of Greater Syracuse which has the name "Golden Times." A recent issue that came into our hands was full of articles and/or ads pertaining to false teeth, nursing homes, gravestones, florists, antiques and antique houses, and musical pieces that were popular many decades ago. One of its ads was for clothing for people "who have trouble dressing," and the name of this clothing was "golden age apparel."

*The aged as dead or dying. In Mankato, Minnesota, the Vetter Funeral Home has been giving residents of the Walnut Towers senior citizens high-rise fancy one day "pre-need" funeral sales tours. The tour takes place in a shiny black limousine, every guest receives a white carnation and \$2 in cash, as well as a tour of the funeral home itself, the Woodland Hills Cemetery, the crematorium, the mausoleum, cremation niches, and the funeral chapel. The trip is a great excitement for the elderly people for whom it is a probably rare outing, especially of such a fancy nature (AP in Syracuse Herald Journal, 29/9/83). The news item reporting this was headlined "Preview Given of Last Ride"--and unbelievably, it was juxtaposed next to a news photo of an amusement park in Pennsylvania that had caught fire, with its rides prominently in view.

*Apparently, there are some nursing homes where people are strongly urged to bring or buy their own coffins as well as a burial lot.

*We are informed that there is a program for the elderly called Upward Bound.

*According to a report in Health Physics, personnel of the Oak Ridge National Laboratory in Tennessee recommended that after a nuclear attack, only elderly people should be sent out for food and water. They are apparently less apt to incorporate radioactive materials, and they would soon be dying anyway. (Source item submitted by Ann O'Connor)

*What is a "sitter?" Most of us would tend to think that it is either a babysitter or a dog. If we are really sophisticated and familiar with Midwestern and Southern rural culture, we would also know that sitters (pronounced "setters") are people who drive somewhere in their cars, turn off the engine, and sit in the car for quite a while, as when they are early for church service. Some people are even known to leave their homes, and sit by the hour in their cars parked in the driveway. In the March/April 1982 issue of Aging, there is an article entitled "Senior Sitter Service Provides Home Protection in Tucson, Arizona." Here we are tempted to think that the senior sitter is an older person who stays in somebody's home while the owners are absent so that no mischief will occur. That is in fact what the article refers to--but the picture that accompanies it actually shows--a dog kissing a woman who is at least middle-aged. This once more opens up the question in the eyes of at least a casual reader just what kind of sitter the article referred to, and creates a deviancy image juxtaposition between dogs and old people.

*In 2/82, we reported that there once was a facility in Mooseheart, Illinois, for children and aged meese on over 2 square miles of land and with 180 buildings. We gleaned this information from an old psychopostcard. In the meantime, we have discovered that there is yet another facility run by the Loyal Order of Moose for elderly people, called Moosehaven. "Where are you going in your old age?" "Why, I'm going to Moosehaven!"

*Elderly people, particularly if incapacitated and/or in nursing homes, are highly at risk of being interpreted as "vegetables." At the Merrimack County Nursing Home in Concord, New Hampshire, a talent show was staged in 1984 in which elderly residents, some of them in wheelchairs, appeared dressed as fruits and "Fruit of the Loom Kids." For instance, one woman came as a grape, and a man as a banana. Pictures thereof were prominently displayed in the Concord Monitor, 4/5/84. (Source item submitted by Donna Annicchiarico)

*More and more, the term "day care" is being used to apply to services to both children and elderly people. Furthermore, more and more, day care centers for children are being placed into settings that serve elderly people. An example is a residential complex for old people in Syracuse which also operates various day services for elderly people that is beginning to operate a day care center for children. All of these things will convey to observers the idea that old people and children are alike in that both need "day care," thus reinforcing the image that elderly people are in their second childhood.

*The good news is that the Kenosha public museum in southeastern Wisconsin was funded to develop a museum video program for the elderly that brings museum exhibits to nursing homes and other services for elderly people. However, one wonders whether this is not simply yet another way of making sure that elderly people won't come to the museums. What reinforces the idea that the program is serving hidden purposes is the fact that the first video production was "Circus World," and a whole article describing this development was headed by the picture of a circus elephant--and all of that yet in the federal journal Aging (1-2/82).

*A most peculiarly incoherent logo was recently discovered on a form that advertised travel tours for elderly people under the program name "Catholic Golden Age" of Scranton, Pennsylvania. The logo right above the program name showed a Madonna with Infant.

*The good news is that there is a service to assist elderly people with home repairs in Brooklyn. The bad news is that it is called Geri-Pare (Pare stands for repair), and is staffed by elderly workers (Aging, No. 343, 1984). Considering human service deviancy juxtaposition practices, and the name, one can only be amazed that the work force does not consist of very aged WW II German prisoners of war.

*There is a new gadget on the market called "disposable geriatric feeder," commonly referred to (including by its manufacturers) as Geri-Feeder. Amazingly, its French name is "feeder pour gériatres." It looks like a giant hypodermic needle which is filled with liquid or mush food, and one sticks the end into an older person's mouth and squeezes the plunger on the other end. Says the manufacturer: "Nothing could be cleaner. Or easier." It is advertised primarily for "saving time, and doing away with mess and waste of spoon feeding." There is no staining of clothes or bed linens, and no wasted food, and one can even put several different kinds of food in the cartridge at the same time. The fact that it closely resembles force feeding is interpreted as "it keeps food flow at a constant rate." The whole thing is trumpeted as "a major improvement over spoon feeding." Surprisingly, the ad failed to mention that the elimination of plates and flatware also saves dishwashing. We are also told that this is a "high demand item." (Source item submitted by Fred Harshman.) By the way, for hundreds of years, enemas were given by an almost identical device!

*By the way, it is also interesting that much of the advertising in Modern Maturity, mentioned above, revolves around health, and yet unlike virtually any other popular publication, it has virtually no ads that try to sell their products by means of beautiful young women displaying their bodies. The absence of these kinds of ads that are otherwise virtually ubiquitous suggests the assumption that elderly people, including elderly men, can no longer be lured by the image of young female beauty.

*It is quite common to run across human services for elderly people that have names reminiscent of illness and death, such as Gates of Heaven Nursing Home, the Land Beyond, or Sunset Haven. We recently found a nursing home which, while its own name did not suggest death and dying, was juxtaposed to a culturally normative setting that had a name suggestive of death and dying. To wit, the Pleasant Care Rest Home for the Elderly in North Carolina is located across the street from the Sunset Lounge, apparently a tavern.

*The Training Institute Nursing Home? Study of a copy of the 1975 Geriatric Guide to Residential Care Facilities and Health Services for New York State revealed some interesting agency, setting and organization names.

Impairment images were contained in Wheelchair Home and Sprainbrook Manor. Several facilities called themselves homes for the "aged and the blind," which conveys the impression that one must be both to be admitted. While Niagara Falls would generally be a glamorous name, it might not be so glamorous a name for a nursing home (Niagara Falls Memorial Nursing Home), considering the image of falling so readily attached to elderly people. The same applies to Little Falls Hospital and the Hoosick Falls Health Center. The Sheepshead Nursing Home certainly does not reflect well on the intelligence of either its residents or its governing board.

Death images seemed contained in Sunset Nursing Home, Skyview Haven Nursing Home, Far Rockaway Nursing Home, Resurrection Rest Home, Eden Park Nursing Home (already dead and in paradise), Golden Gate Health Center, or Suffolk Infirmary and Eastern Suffolk Nursing Home (Suffolk being pronounced almost like suffocating). An astonishingly large number of facilities are called such things as parks, gardens, lawns, meadows, acres, etc., all remindful of cemeteries. Some of them even combine several of these terms as in Hollis Park Gardens.

In a state such as New York in which there are many foreign-born residents, some of the names would elicit peculiar imagery by those versatile in some foreign tongues. For instance, there is a Totd Nursing Home, which would make a German-speaking person think of Death Nursing Home, there is a Lyden Nursing Home which phonetically in German would sound like Suffering Nursing Home.

Miscellaneous problematic images were conveyed by Avon Nursing Home ("Avon calling"), Saint Johnland Nursing Home on Franken Meadow Road, Oak Hollow Nursing Center, Wood Hull Care Center, the Childs Nursing Home, Samaritan Keep Nursing Home, Consolation Nursing Home, Reconstruction Home, Moongate Nursing Home, Cupola Nursing Home (suggesting copulation?), Hi-Li Manor, the Williams Memorial Residence, Endicott Nursing Home, the Gerry Nursing Home, the Fishkill Health Related Center, the Wheelchair Home, the Cabs Nursing Home, the Holy Family Home for the Aged, the Madonna Residence, and Grace Plaza. One is astonished to find the New York Foundling Hospital Center listed in this Geriatric Guide. Even though we know who the Odd Fellows are, we are a bit bemused by the Odd Fellows Nursing Home. A number of facilities have the name "silver" in it, with a strong association of silver hair and old age, e.g., Silverlake Nursing Home. Considering the discard image of elderly people, the Flushing House is not the best name for a housing center for the elderly, even if it is in Flushing, New York.

Apparently positive names included the following: College Nursing Home, University Nursing Home, American Nursing Home, Home of the Sages of Israel, Regent Nursing Home, Rego Park Nursing Home on Corona Avenue, Van Doren Nursing Home of Van Doren Street in Rego Park, Hallmark Nursing Centre, Saint Regis Nursing Home, Kingsway Arms Nursing Center, and Crown Nursing Home.

In contrast to some of the nursing homes, the home care agencies (i.e., service providers) were spectacularly positively named: Superior Care, Coronet Home Agency for Nursing, Reliable Nurses Aides, Manpower Health Care, AAAA Nursing Group, and Quality Care Nursing Services.

In conclusion, we might note that a TV comedy shown in Syracuse on Channel 5 on 30/12/79 involved a spoof on the "Park Utopia Retirement Hotel."

*The unconscious devaluation that permeates attitudes toward elderly people is sometimes beyond belief. There is a movement which otherwise is generally quite positive, called ElderHostel, which involves elderly people in generally image-enhancing activities. However, we have commented before that the name is a remarkably infelicitous one in that it suggests a residential program, thereby unconsciously expressing the idea that non-residential activities for elderly people are a vestibule to the nursing home. Be that as it may, the vignette at issue involves an ElderHostel meeting near Syracuse in March 1983 which was attended by elderly people competent enough to travel all the way from Maryland, Pennsylvania, and all over the state of New York. Yet one of the things they got when they arrived there was a child-imaged puppet show, and of all the various activities that were done during the week, that is the one that the newspaper picked up and featured (The Messenger, 5/83; news item submitted by Doug Mouncey).

*Older people, especially when wearing old-fashioned small round glasses, are often referred to as being "owlish." Unfortunately, there now exists an Older Women's League who abbreviate their name as OWL. It is also somewhat sad that even in their societally marginal state as older people, they would yet further divide themselves from others of their own age who happen to be of the opposite sex, rather than to stand together in solidarity. We still vastly prefer the ideology of the Gray Panthers in which men and women of all ages advocate together on behalf of elderly people.

*Long-time TV viewers may remember the ventriloquist dummies called the Knuckleheads seen on TV in the 1950s. Now, the dummies have been aged, and it is in their identity as elderly persons that they are still called Knuckleheads. This evolution symbolizes the attitude in our society which in former years was much more likely to call young people Knuckleheads than old ones, and which is now ready to apply the term to its elderly. (Source item supplied by Doug Mouncey)

*The US federal journal, Aging (2-3/84), published a list of job options through which older people could meet community needs. Unfortunately, the list was very heavy on deviancy images. About a quarter of the listed options had something to do with serving other devalued people. Other options included garbage disposal, sanitation and clean-up, recycling, and working with pesticides or in pest control.

*The city of Yonkers in New York has hired 29 elderly men and women to pick up trash around the city parks and business district for 20 hours a week (UPI, in Syracuse Herald Journal, 27/10/82).

*In 1982, a law was passed in Indiana that merges a major state anti-poverty program with the state's Commission on the Aging and the Aged. This is certainly a most peculiar combination which raises many questions. In a sense, it symbolizes society's intent that elderly people ought to be poor and that poor people are as unwanted and rejected as are elderly people. (Information submitted by Al Klotz)

*The Gray Panthers of Minneapolis/St. Paul have observed that a large number of greeting cards contain disparaging messages about aging and older people. Many of these are birthday cards. Twin City merchants who sell such cards are apt to find yellow warning notices in their display racks that say 'Warning: these cards discriminate against you. They carry a message that can prevent healthy aging.'

*The Oil of Olay advertisements have been suggesting that if women do not start greasing up with it while still in their teens, then someday soon they will look in the mirror and--horror of horrors--see the likeness of their own mothers (Gray Panther Network, 3-4/82).

Miscellaneous News Involving the Elderly

*If a person in his/her 80s or 90s got sick these days, a lot of people in the medical professions would expect him/her to die, and a health crisis would be interpreted in terms of 'What do you expect at his/her age?' However, when Anton Adner became the oldest citizen of Bavaria in the early 1800s, everybody hoped he would live much longer and did what they could to prolong his life. Adner had been a huckster, selling merchandise that he carried on his back walking all over Bavaria, Austria, and Switzerland, while also knitting socks which he sold as well. At age 114, he climbed a 100-meter-high church tower. The king of Bavaria had a royal medical office take charge of his health, and gave lavish gifts to the family with whom Adner boarded. When the king heard that Adner was sick, he personally sent a physician and requested daily status reports. Adner finally died, in 1822 at age 117, with a prayer for the king who erected an impressive tombstone for him. (AW, 12/83).

*An elderly woman in Schenectady, New York, was involuntarily committed to a mental institution on the opinion of two physicians. The woman was very unhappy about this measure. With the help of seven others, mostly relatives, her son managed to whisk her out. However, the police and the court intervened and put the woman back in the institution the same day (Albany Times Union, 6/6/84; source item supplied by Chris Liuzzo).

**In Illinois, 18 drivers above 100 years of age have renewed their driver's licenses (AW, 14/4/84).

*Americans aged 65 or over make up 11% of the population, but account for 25% of prescription drugs, 29% of health care costs, 34% of stays in ordinary hospitals, and 87% of occupancy of nursing homes (Aging, 2-3/84).

*The Loving Care Home for the elderly in the Atlanta area was apparently so bad that it was forced to close (News & Views, 9/82).

*This is hard to believe, but there is now a book out entitled Retirement Edens Outside the Sunbelt. Among the many Edens discussed, 12 alone are located in Massachusetts.

*The bad news is that yet another segregated senior center has been established, namely in Ocheyedan, Iowa, that has only 800 citizens. The good news is that the senior citizens in the community managed to get it constructed and operating without federal funds, mostly through their own personal labor and efforts (Aging, 1-2/83).

*When one is older, one of the least worst alternatives to going into a nursing home if one cannot stay in one's own home might be to move into a retirement community that is not located in a retirement ghetto such as Florida or Sun City. An interesting possibility here is a Lutheran facility in Philadelphia. It is called Paul's Run, which projects a positive image. It also promotes an active lifestyle, yet has skilled nursing available if needed.

*In 1984, a psychiatrist was fired from the Middletown (New York) Psychiatric Center because in his application, he claimed to be 43 years old when it turned out that he was in fact 53 years old. Sounds to us as if he might be the ideal therapist for people who are afraid of getting old.

*There is a new film on elderly people called "Compassion, I Suppose," put out by Ross Laboratories. The review of the film in Aging (1-2/82) included the comment, "Nursing home residents do not have an optimistic long-term outlook."

*In 1983, a book came out on group psychotherapy with people who are dying. Apparently, the book does not explain the purpose of this therapy; is based on groups in which a male therapist works with dying females; and refers to the dying females repeatedly as "girls."

*Have you ever kept up with any newsletters of senior citizen nursing homes or housing complexes? These tend to have a certain flavor which one can learn to recognize. Such periodicals are apt to contain a lot of commercial ads for drugs and medical devices. Now comes a new journal published by elderly people for elderly people, called Expanding Horizons (more information from 93-05 68th Avenue, Forest Hills, NY 11375). One is struck by its similarity to newsletters of housing projects for the elderly. However, the good news is that its logo is a crossed-out rocking chair.

*A nursing home in Lincoln, Nebraska has the peculiar custom of listing all of its residents who have a birthday in a given month in a newspaper ad. (Source item submitted by Brian Lensch)

*Crime among the elderly has risen at a much faster rate than crime in general. Amazingly, behavioral scientists claim that loss of health and sensory acuity are to blame in that these make elderly people feel withdrawn, resentful, paranoid or disoriented. Now here is a splendid example of blaming our victims (APA Monitor, 5/82). Crimes apt to be committed by elderly people include especially shoplifting, but also forcible rape, robbery and aggravated assault. Surprisingly, the shoplifting rates for elderly offenders are reportedly the highest for married males with stable homes and average or better socioeconomic status. They are most likely to steal clothing or personal items of an average value of \$14 (Aging, #341, 1983).

*The good news is that Middlesex Community College in Bedford, Massachusetts, is training older citizens to function as counselors. The bad news is that they are only trained to counsel other older people, and only those who either have committed legal offenses or been victims or witnesses thereof (Aging, No. 343, 1984).

*The bad news is that in 1983, a man led the police on a 14-mile high speed chase through several villages in Cleveland before he was caught. The good news is he was 74 years old.

*In 1983, members of the Culinary Institute of America not far from Albany, New York, held a "Run to End Hunger for Meals on Wheels" (Smithsonian, 12/83).

*Many elderly people have benefited greatly from Meals on Wheels programs. However, a New Hampshire project found that elderly people did not like frozen dinners even though these afforded greater freshness and variety. They were reluctant to heat dinners because of energy costs, or because of the complications of using an oven (Aging, 7-8/82).

*A very funny headline in the US federal journal Aging (#341, 1983) was "Florida Seniors say 'Yes' to Frozen Meals."

*Now here is truly spectacular : funny news: an obituary headline in the Syracuse newspaper proclaimed "Jean Haight; 100; was with law firm."

*We recently heard the story of a couple in their late 90s who came to a lawyer in order to get a divorce. Since they had been married for over 70 years, the lawyer wanted to know why they sought a divorce at this time. Said one of them, "We actually have wanted a divorce for a long time, but had waited for all the children to die first." As they say in Latin countries: if it wasn't true, then it was certainly well invented.

*Sanders, L. (1979). The sixth commandment. New York: G. P. Putnam's Sons. In this novel, a scientist who applies for a research grant to study the process of aging in human beings in order to prolong life is discovered to be infecting with cancer cells the patients in a nursing home that he operates. The story revolves around an investigation into the applicant and his work by an agent of the granting body, and the discovery of the crimes that the researcher has been committing. The story contains several illustrations of the contemporary death-making of devalued people, including the following. (a) The researcher believes that scientific discoveries about the human body will enable humans to become immortal. (b) The nursing home residents who are made dead through his experiments are those who are poor, devalued (e.g., alcoholic, insane), and without family or friends. Thus, they are very vulnerable, as well as little likely to be missed. (c) The community in which the nursing home/research lab operates is an economically fragile one, which depends on the service as a major employer, much as our contemporary service system feeds on devalued people in order to give jobs to the valued sectors of society. (d) The residents of the community--both those who work in the nursing home/research lab and those who do not--either suspect that foul play is taking place, or know for sure that it is, but repress that knowledge because acting on it would endanger the economic well-being of the community. In our own society, we see the same thing, in that people will deny the genocide of devalued people which is all round them and not even very hidden, because to acknowledge it would have various very unpleasant consequences.

Deathmaking

We remind TIPS readers that we consider the genocidal deathmaking of devalued people the single biggest issue in human services today. Elderly people are one of the groups at risk, though the coverage below deals with other groups as well.

Deathmaking Via Neglect, Violence or Abuse in Human Services

*A. H. Robbins financed the head of anesthesiology at the Walter Reed Army Medical Center in Washington to perform unauthorized surgery for experimental purposes on unconscious patients. This is the same company that continued to manufacture the Dalkon Shield, an intrauterine device that caused damage, sterility and even death to women, and continued to market the device well after its danger had been discovered.

*The word "side effect" is often used to refer to any effect that a medicinal drug has which is not the intended therapeutic effect. Generally, the term is used in a fashion which would convey the meaning that side effects are undesirable or even deleterious, which they generally are. However, when the term is used in connection with psychotropic drugs, we have to be aware of a bitter irony, in that these deleterious side effects may often actually be the real effects that are desired by society, and perhaps even human service workers. For instance,

the lack of alertness, the increased drowsiness and other related effects of some tranquilizers are not really in themselves therapeutic, and yet when a person is placed on such drugs, these may be the very effects that are sought for convenience of human service personnel, agencies, and perhaps even families. Thus, the use of the term "side effects" may actually berve a detoxifying function.

*A most powerful example of the lack of empirical support for some of the most commonly used medical therapeutics can be found in the utilization of the drug Darvon in the mid-1970s. By 1978, Darvon had become the third most widely prescribed drug, utilized as a painkiller somewhat equivalent to aspirin. Yet research has shown that Darvon is not only almost useless (barely more effective than a placebo), but that in addition, it is an addicting narcotic, and has caused an estimated 500 deaths a year due to both its narcotic and other toxic effects. Why would a practically useless drug that is a menace to most of its users be so widely prescribed by physicians as to become one of the most popular prescription drugs? There are some complicated aspects to the answer, but certainly, one cannot dismiss the simple one found in the response of a prominent university professor in the medical sciences who said, "The best ball point pen that I ever owned was given to my by a Lilly detail man (salesman) and is emblazoned with the word Darvon" (Science, 1979, 203(4383), 857-858).

*In early May 1983, the public broadcasting service put on an hour-long program on children's psychiatric institutions ("Children of Darkness"). It showed settings costing between \$20,000 and \$100,000 a year, and mentioned others that are as much as \$120,000. One setting shown at \$84,000 per child a year (Eastern State School and Hospital, Trevoise, Pennsylvania, the largest childrens' state psychiatric institution in the US) was a virtual snake pit where psychoactive drugs were the "major therapy" given to almost 100% of the resident children. The environment was totally denormalizing. The interviewer, representing the naive public, sees staff wrestle kids down, confining them to bed, and shooting needles full of drugs into them, and says, "What the hell does it all mean?...Is that psychotherapy? What is going on?" To which a staff member replies, "It's the best we got. I'm serious. It's the best we have. I mean, there are other institutions that, you know, are maybe a little bit better and maybe a little bit more staffed. But I've worked in enough institutions to know that this is, you know, it's the best system we got, and nobody's come up with a better system yet."

A private "treatment center" in Maine (Elan) serving mostly uncontrolled youngsters from rich families was shown as relying very heavily on everybody screaming at everybody at the top of their voices. It also used deprivation of privacy and putting children into a full garbage dumpster for discipline for two weeks or more. "Escapees" were "caught" by "trackers," and then put in rabbit suits and leg shackles for punishment or made to wear diapers and carry rattles. Some must wear signs detailing all their "problems and failures." A young "therapist" that looked like she was still in her early 20s was shown spouting (or trying to) "wisdoms" such as, "You have to make the decision whether or not it's worth it for you to live," "Let's get in touch with what you are," "Get it all out." Punishments (but apparently not rewards) were called "learning experiences." A positive aspect was that all this cost only somewhat over \$20,000 per year. They may also have to fight each other until 'they're beaten and give in." A supervisor euphemised on the shackles: "He decides how long they stay on him, not me. He makes that decision." But the kid said, "This is supposed to be America, you know." The "school" makes big claims, but one follow-up showed that 70 of 117 former residents had had arrest records since.

A third facility shown was Sagamore Children's Center in New York where a teacher patiently and gladly tried to make a little progress with so-called "autistic" youngsters. A Dr. K. expressed readiness to use aversive electric shock and lobotomy on a young adult; his mother seemed to say she wished he died. But shortly after this tape was made, the young man started to make dramatic improvements and started attending school.

A fourth program shown was South Beach Psychiatric Center, New York. According to the residents, they are made to wear football helmets for days for talking too much.

The PBS said that at least 500 mental patients die every year under questionable circumstances, and discussed three young adults who all died at South Beach within a few days of admission, under the classical conditions of restraint, drugs and seclusion. The same physician (chief of service of the center's "intensive care unit") was in charge. He reportedly told the parents of the third victim (dead within three days): "I guess, as you expected, Andrew is dead." No one within the state hierarchy would speak with PBS, but residents, workers and ex-workers did--out of sight, and with voices distorted for anonymity. Said one worker, "Anybody could die here." Another: "People got medicated to the point that they became zombies...drooling...unable to control urination...defecation... I just questioned a lot of things going on...under the name of mental health." "I tried for eight years putting in reports about that place, and I just quit, because it fell on deaf ears, no one wanted to hear it. We have had patients hanging themselves in the six-foot closets--two of them."

As we explain in our TI workshops on deathmaking, it is no mystery why people die under these conditions. Psychiatric patients are apt to be put on psychoactive drugs almost automatically, and almost certainly if they show the slightest signs of agitation, for which there are numerous normative causes, including isolation in a strange environment with strange people and strange staff and a denormalized setting, and a great deal of ambiguity. With sudden onsets of agitation, people are also put in restraints which often consist of heavy canvas. In order not to spread the excitement, they are often then placed in seclusion rooms. However, many psychoactive drugs reduce the body's capacity to perspire, and the canvas makes things worse. Many seclusion rooms are shut up tight and can get as hot as 112 degrees in the summer. On top of all this, in many modern facilities, it is not possible to open the windows (if there are any), and the temperature regulation in many of these facilities never works quite right anyway, as almost all of us have found out in any number of modern buildings with sealed windows. Thus, people die like flies--and everybody wonders why, since, in the eyes of most observers, nothing really drastic was done.

PBS said that 62 more deaths had occurred at South Beach in the 18 months after the video footage was shot, 14 of these were "questionable" or "unexplained." But another worker's (disguised) voice said: "A good portion I see them as potential sources of aggravation for me. Because nobody I'm dealing with I love, and just to be sure that I don't feel any sort of attachment like that, I just go to the opposite extreme. I still have a hard time seeing the people I'm dealing with as--as people."

One of the few amusing vignettes of this program was that the transcript (available for \$3) called Antabuse (the drug one is supposed to take before drinking so that drinking will make one nauseous) Ant Abuse.

*A classical example of how even one of the most common residential human service relationship discontinuities, namely the staff shift system, can introduce tragic consequences was documented in Institutions, Etc. (1981, 4(4), 9). A severely retarded 17-year old boy with cerebral palsy at Stockton State Hospital (California) was placed outdoors one day at 2:45 p.m. in order to get a little sun. The customary staff shift change occurred at mid-afternoon, and it was 5:10 p.m. before a member of the new shift went to get the boy for supper. He found that the boy had turned blue and hot, and emergency medical staff summoned to the scene could do no more than to pronounce him dead at 5:46 p.m.

The tragedy is that in already dysfunctional human services systems, attempts at adaptive responses to such tragedies turn into tragedies themselves, so that one dysfunctionality simply goes on begetting the next. To wit, the institution was cited for violations of health and safety codes, and told that it must cease doing the kinds of things that led to the boy's death. Obviously, the thing that will not be discontinued is the staff shift system; equally obviously, the thing that is most likely to be discontinued is the practice of giving handicapped residents a chance to be outdoors. Thus, the creation of non-homelike institutional settings begat the staff shift system, which begat staff and relationship discontinuities, which begat the inevitable discontinuities of supervision and follow-through, which begat an accident, which can be expected to beget closer confinement of hapless victims.

*It has been known for decades that so-called charity hospitals (usually public hospitals run by cities or counties, and some hospitals of state-operated medical schools) commonly have a much lower quality of care than hospitals serving paying patients. One result is that their death rates are commonly higher; in one study (Sudnow, 1967), they were found to be 400% higher. Even making allowance for contributors other than quality of care, chances are still much higher in many such hospitals that a poor person, particularly if afflicted with one or more other devalued conditions, will die. A dramatic recent example turned up in a 1984 expose of San Francisco General Hospital that had had a reputation as a top-flight teaching hospital for the University of California at San Francisco. Investigators found widespread blatant negligence and indifference, mostly on the part of nursing personnel. Nurses were lax about checking blood types before transfusions, administered the wrong doses of drugs, and disconnected call buzzers so that they could watch television undisturbed. Patients were sometimes not checked for hours at a time, and two died because they fell out of their beds without anyone noticing for hours (Newsweek, 2/4/84, p. 87).

*The 41-year old grandson of the Upjohn Pharmaceutical Company founder, and also his direct heir, was convicted of raping his 12-year old stepdaughter. The judge sentenced him to one year in jail and five years probation if he would accept weekly injections of Depo-provera, which produces something that has been called a chemical castration. It is estimated that at present, up to 300 people convicted of sex crimes are now getting the drug, but the Upjohn heir vigorously refused the treatment--on the grounds that it was unsafe. One is stunned to hear this when one learns that Upjohn is the only pharmaceutical company that makes Depo-provera, and that the drug has been given to millions of women as a contraceptive and to hundreds of sexual offenders since 1966. Some institutions have given it in order to control behavior or reduce symptoms of menstruation so as to reduce management and nursing problems. Despite these widespread uses, the drug has only been sanctioned by the Food and Drug Administration for the treatment of certain inoperable cancers. In dogs and monkeys, the drug has already been shown to cause cancer, and in humans it has side effects such as hair loss, dizziness, weight gain and nightmares (Institutions, Etc. 3/84). This episode once more underlines that it is often the poorer and defenseless classes of society to whom oppressive and destructive human service technologies are apt to be applied.

*In 1984, the Commission on California State Government State Organization and Economy released a report on its nine-month investigation of the state's community care homes, which revealed an abysmal and depressive situation. There were in 1983/84 about 22,000 such licensed homes in California, housing some 151,000 children and adults, such as mentally disordered or retarded, elderly, or otherwise handicapped dependent ones, and yet additional unlicensed homes. The Commission found that these people were being subjected to unspeakable abuse and neglect. It said that "daily," they are being beaten, sexually abused, left laying in their own excrement for days, underfed, denied medical services, etc., and some are "actually killed." Many contract gangrene until they lose limbs, others die from

bedsores. Some residents are forced to have sexual relations with operators and staff. Some are cleaned by being taken outside and hosed down. Filth and dirt were commonplace. One major conclusion was that these community facilities were as bad and possibly even worse than nursing homes which were the initial focus of the committee's investigation. These facilities have a wide range of sizes, from very few residents to several dozen so as to de facto constitute private proprietary nursing homes. For clients who are mentally retarded, facilities are certified by the regional mental retardation centers, which apparently has prevented even worse abuses. The Commission stated that the general public is almost totally ignorant of what goes on in these facilities. This entire abusive system is incredibly expensive, costing at the very least \$583 million public funds during 1983-84, with an additional \$181 million in private client fees, and even these figures are not complete since additional costs are involved for certain types of specialized services. In essence, the state does not seem to know how much it is spending and where, and where its handicapped people are. Licensing has become a joke. If a home loses a license, it simply goes on operating and continues to be funded. In consequence, the number of unlicensed homes is growing. In one instance, an operator simply abandoned a home with its residents, who were found several days later by police after having not eaten for days.

The Commission was very pessimistic about changes. It found that there simply was no concern anywhere, and no place to turn to for meaningful recourse (Institutions, Etc., 3/84).

*A suit by parents of former residents of Belchertown State School in Massachusetts has led to all kinds of developments in recent years. Among other things, 600 mentally retarded residents were put into nursing homes, and recently, charges have been made that their care in these nursing homes has been of very poor quality and has caused the "early death" of some (Boston Globe, 23/5/84; source item submitted by C. B. Wheeler).

*For some peculiar reason, a 93-year old woman was moved from Beacon Hill Lodge (nursing home) into the 550-bed St. Vincent's Hospital in Ottawa on Christmas Eve of 1974. Also for reasons nobody seems to quite understand, her case folder did not move with her, and so she became a woman without history and therefore without identity. It also appeared that no one at St. Vincent saw it as important enough to aggressively pursue the whereabouts of her previous case records. At St. Vincent, she remained bedridden and senile, and in part because of her lack of records, without friends to contact. She finally died in 1983 at age 102. Since she had been bedridden, she did not even have a dress in which to be buried, and her possessions consisted of a few toilet articles, nightgowns and bedsocks (Ottawa Citizen, 30/2/83; source item submitted by Ray Lemay).

*Illinois may have as many as 800 unlicensed de facto nursing homes, such as one for 8 people discovered in Chicago in early 1984. The people there were essentially held prisoners and barely kept alive--in some cases not even that. They lived under the most despicable circumstances, including such things as having to use coffee tins as toilets. One man had been so held for 15 years, during which he went blind. The operators confiscated the residents' checks, and told them they were lucky that they were permitted to stay there. One of the residents died after becoming emaciated to 79 pounds (Institutions, Etc., 4/84). It is very difficult to call this sort of situation anything but a small concentration camp in a modern urban context, de facto--though not de jure--legitimized by an impassive society, service system, police system and judicial system.

*The New York State Board of Regents that supervises all kinds of professional practices censured and reprimanded a NYS veterinarian for failing to keep a written record of the examination of a woman's cat and the administration of a shot of antibiotics to it. Because he was about to retire, they decided against a stronger punishment. On the same day (!), the Regents put a registered nurse on two years' probation and required her to take a refresher course because at a nursing home, she had administered a soap solution enema to a 52-year old retarded woman. When serious bleeding developed, she failed to take corrective action, or check the woman's vital signs for 2½ hours. As a result, the woman contracted acute peritonitis and died.

*In an institution for the retarded in upstate New York, a profoundly retarded spastic quadriplegic emaciated resident known to have a chronic state of dehydration was placed in an outer courtyard on a hot July afternoon. Three hours later, an aide noticed that the resident was dead, and an inquiry found that he had died from heat shock.

Not surprisingly, the way things work in heartless and mindless bureaucracies, the Quality of Care Commission of New York countered this abuse the way it had many others before, i.e., with a long string of technical counter-measures that themselves add up to a perversion. For instance, it recommended that no resident in any state institution was to ever (!) be taken out into the sun again without a sun screen, and that they were to be administered two ounces of liquid before, during, and after such limited exposure (Quality of Care, 3-4/84). One can easily imagine people soon getting advanced degrees in the administration of sun baths to human service clients.

*Each year, approximately 200,000 acutely ill patients are transferred from a private to public hospitals, in most cases while they are in an emergency admission status. In almost all instances, the reason is that the patient has failed the so-called "wallet biopsy," i.e., was found to lack the financial resources to pay for the needed medical care. A very disproportionate number of the people thus transferred are from racial minorities. Quite frequently, the patient is not even stabilized prior to transfer, and is in a very dangerous condition. In one study, a public hospital in Oakland, California, was found to have received 458 patients on transfer from 13 private hospitals in the surrounding county. Many of these transfers constituted a serious threat to the future health of the patient, and in 33 cases, their lives were jeopardized or even lost (AP, in Atlanta Constitution, 17/5/84; source item submitted by Jacquelyn Mincey-Cone).

*Yet one more way in which dumping of handicapped people can kill was illustrated in Darby, PA. A retarded man and woman got married, and the woman was too unsophisticated to realize when she got pregnant. One day, she got ill, and soon after died from a hemorrhage during the delivery of her still-born baby (Syracuse Herald Journal, 22/4/84).

*Because of the way institutions are and function, a single deficiency or health emergency can affect a large number of people. For instance, at the Middletown Psychiatric Center in New York State, 200 residents were stricken all at the same time by food poisoning, and two deaths occurred which at the very least appeared to have been triggered by the food poisoning because the victims were already vulnerable for other reasons (Syracuse Herald Journal, 27/6/84).

*In some of our training events, we discuss a subtle form of deathmaking of devalued people, namely, permitting or even encouraging a person to literally eat him/herself to death. A typical sequence of events leading up to a person's death from overeating is as follows.

A habit of excessive eating, especially of unhealthy foods, is established in the person (perhaps at an early age), perhaps because the person is (a) given only unbalanced meals or "junk food" to eat, (b) socialized to eat whenever s/he feels like it rather than only at specified meal times, or (c) permitted or even encouraged to eat as much as s/he wants, even when the amount is far more than the person needs.

In addition to these poor eating habits, the person is often either not given any opportunities, not encouraged, and/or not permitted, to engage in a regimen of regular vigorous physical exercise. Thus, the person becomes physically lazy and lethargic.

As a result of both overeating and little or no exercise, the person gains weight, and as the person continues to indulge in his/her bad habits, ever more weight is put on. This makes exercise that much more difficult for the person, and thus, it becomes increasingly harder to motivate the person to exercise, even if s/he were eventually encouraged to do so.

Inevitably, such a person develops health problems. Even if the person is young, the excess weight puts a strain on the person's heart, may lead to high blood pressure, makes the person tire easily, the person may develop trouble breathing and sleeping, the person may develop dental problems (e.g., from eating sweets or eating too frequently between tooth brushings), the person may develop diabetes, walking difficulties, bone and joint problems, etc.

While all these things are happening, the person is simultaneously developing serious image problems. One such problem is apt to be offensive eating habits that make other people unwilling to dine with the person. For example, the person may stuff food in his/her mouth, may swallow without chewing, may have poor table manners, may literally dig into the food with his/her hands, and may grab food from other people's plates. The person may acquire a habit of stealing food, or of not being able to carry out tasks without stopping frequently to eat. Even if the person's eating habits are not problematic, the person's appearance quite likely is. On top of the fact that the person is obese (which is a devalued appearance characteristic in itself), such a person often has a great deal of trouble finding or wearing clothes that fit, it may be difficult to find figure-flattering styles, the shirt may constantly be coming untucked from the pants, and so forth. The person may develop a very image-impairing gait. Many people develop a problem of body odor when they get heavy, and other people will not want to be around someone who smells bad. Because the person may have become lethargic, s/he may not practice habits of cleanliness, thus exacerbating any odor problems. And, because the person is big (especially if relatively tall as well), some people may perceive the person as menacing and therefore be afraid of the person, and this role perception may then in turn elicit or reinforce threatening and even assaultive behavior from the person.

As a result of these severe negative images, the person is perceived as very unattractive, and ends up with few or no friends or advocates. By the time the person reaches adolescence or young adulthood, s/he is probably neither willing nor capable of stopping this progression of developments. Yet if the person has no advocates, there is no one else who will stop it either. Indeed, because the person has such a negative image, those in power and control over the person's life may at least unconsciously want this very unpleasant person to be dead.

In addition, if the person actually becomes ill, s/he will be much more difficult to care for. For instance, the person will be more difficult to bathe, to turn, and to move. Because of body odor, it may even be difficult to get nurses and others to agree to attend to the person, and to treat the person kindly. The person may not only lack control in regard to eating, but in other areas as well, and may therefore be a very demanding patient who is difficult to satisfy. And the person's obesity may complicate either any disease s/he may contract, or any treatment for the disease, especially if it involves prescribed diets.

Furthermore, in certain emergencies, it might be especially difficult to remove such a person from the source of danger. For instance, a person who is very obese may not be able to escape a burning building, and may pose a serious challenge to rescuers who try to help the person out of the fire.

One can see how it would not take long before such a person actually ends up dead, unless something drastic is done to break this cycle. Especially if the person is also on psychoactive drugs, is permitted to live in an unsupervised situation where s/he decides what to buy and eat, and if the person already has any serious health problems, the person may soon die as a direct result of over-eating.

This form of deathmaking is probably much more common than one might at first think, in part because there is little awareness of it, and because there is such a high proportion of mentally handicapped people who are overweight, lack sufficient competency and self-direction, and do not have their diet and lifestyle supervised by a competent person who has a positive attitude towards handicapped people in general, or towards that person specifically.

*People in parts of the northeastern United States can only be described as fire-crazy. On the one hand, there is an incredible amount of arson going on--often by members of fire departments; on the other hand, fire departments have played disproportionately large roles in their community. The fire craze has apparently really hit the community service scene for handicapped people in Massachusetts where a number of community settings have gone up in flames. Part of the problem is that some of the community settings are fire traps to begin with into which the state has dumped some of its institution population. On 4/7/84, yet another of these 35-room death traps in Beverly, inhabited mostly by low-income or retarded people (including children), caught fire, killing sixteen of them, which, according to the local fire chief, was a record. There had been several minor fires at this rooming house in the past. Some mentally handicapped people also appear to have taken a liking to arson.

"Euthanasia"

*The claim of medicine to the role of a secular priesthood was particularly strikingly brought out in the response of the medical profession to a 1977 court decision. The supreme judicial court of Massachusetts ruled that physicians could not withhold medical treatment from incompetent patients (including the senile, the newborn and the comatose) without permission from probate courts. In other words, the court implied that the decision of who should be "permitted to die" was a judicial and not a medical one (Science, 1979, 205, 882-885). Some arguments in support of the decision were that one could not put anybody in jail, take them off welfare, or attach their wages without a court hearing, and that therefore it made no sense to permit someone to be instrumental in somebody else's death without a hearing. Furthermore, judicial procedures are safeguarded to be fair and impartial, and by relying on an adversary process, the interests of the affected person would have a high likelihood of being unequivocally and vigorously represented. In contrast, medicine was noted for its subjective and secret decision-making processes. The Science analytic news item described the first reaction of physicians and hospital administrators as one of disbelief and outrage.

The major dissenting voice from this medical view has been that of the Canadian Psychiatric Association. In 1979, it endorsed a position statement which included an acknowledgment that the withholding of treatment should be considered a legal and not a medical act, and that it should be carried out only under court order, if at all.

*The chairperson of the Canadian Medical Association, Dr. Arthur Parsons from Halifax, said at a symposium on the rights of the handicapped that eventually, economic considerations will prevail in deciding who shall live or die, and that the most able members of society should be saved (The Human, No. 6, 1984).

*Therapeutic starvation? A group of blue-ribbon physicians gathered at a blue-ribbon place, Harvard Medical School, and composed a report on criteria for the withdrawing/withholding of life supports to patients which was published in a blue-ribbon medical journal, the New England Journal of Medicine. One of the major conclusions was that the physician must always obey the patient's own wishes, and if a patient wishes to be starved to death, physicians should cooperate. However, they also concluded that it is permissible to withhold not only basic life support, such as drugs, from mentally deranged elderly patients who are fatally ill, but even food and water as long as they are "kept comfortable." The chief compiler of the report claimed that such decisions are made daily in nursing homes. (Source item submitted by Michael Sclafani)

The above physicians published their proposal in the New England Journal of Medicine (12/4/84) on when it is appropriate to withdraw medical services from patients. Among other things, they distinguish between the "pleasantly senile" and the presumably otherwise senile, apparently more willing to extend support to the former than to the latter. Furthermore, they would not merely withhold treatment from comatose people ("in a vegetative state"), but even withhold nutrition, and "severely demented patients" would similarly receive no nutrition if they refused food by mouth.

Deliberate Killing By Human Service Workers

*In the case of the rape slaying of 6 elderly women aged 80-92 in a home for the aged in Philadelphia, we had commented earlier that the circumstances strongly pointed to the perpetrator being a present or former worker at the facility. Sure enough, a jury convicted a former employee in the case (UPI, in Syracuse Herald Journal, 5/5/84).

*A nursing home aide injected lethal doses of insulin into four patients who were near death in Oregon. Unlike in the vast majority of such instances, the case came actually to a guilty plea, conviction, and a 20-year sentence to prison, even though it could not be proven that it actually was the insulin that killed them (UPI, in Syracuse Herald Journal, 23/5/84).

The Abortion Scene

*1980 is the last year in which complete US abortion figures are available, and for that year it was 1.3 million. It is amazing that on such an important social phenomenon, such poor statistics are being collected that we are almost four years behind, whereas we are nearly up-to-date on all sorts of trivial phenomena.

*At Princeton University, 31 of 33 undergraduate women who became pregnant in 1984 had abortions (Parade, 20/5/84).

*On the average, it is estimated that one mother's life is saved for every 160,000 abortions performed (The Human, No. 6, 1984).

*In Hawaii, it has been estimated that the incidence of Down's Syndrome has decreased approximately 43%. Of this decline, somewhere between 26 and 66% is believed due to abortions. In good part, this decline is due to the high correlation between the abortion rate and maternal age, i.e., older mothers who happen to be the ones most likely to have children with Down's Syndrome are also the ones that have the highest abortion rates. In Hawaii, this expressed itself in the fact that no women between the ages of 45 and 49 were identified as having had a child with Down's Syndrome between 1971 and 1977 (Family Planning Perspectives, No. 4, 1980).

*Supporters of the so-called Equal Rights Amendment have claimed that there is no linkage between the amendment and abortion rights, but a Pennsylvania court in Harrisburg ruled in March 1984 that the state must use public funds to pay for abortions because it has a state Equal Rights Amendment.

*All over Canada, the United Way is beginning to fund Planned Parenthood for abortion services. In response, the Catholic Social Service agencies are pulling out of the United Way, and some Protestant denominations are telling their members not to donate to it. Abortion advocates are talking darkly about an "international pro-life conspiracy."

*The Quebec Network of Genetic Medicine has instituted a register of all people in the Province of Quebec who are known to have PKU. On their 12th birthday, it contacts them and offers them counseling about their "reproductive options," including "termination of unplanned or untreated pregnancies" and sterilization (Science, 13/7/84).

*In August 1984, the New Jersey Supreme Court ruled that children born with birth defects may sue for damages for "wrongful life" from their parents, i.e., for parental failure to abort them. One can easily foresee an extension of this ruling to failure to have made a handicapped child dead at birth.

*American presidential candidate Jesse Jackson was born to an unwed mother who was advised to get an abortion. He has been vigorously anti-abortion, and was the main speaker at the 1978 annual March for Life in Washington. Now, however, seized with Potomac fever, he has reversed himself completely and embraced "freedom of choice," though his aides deny that there is any inconsistency. This was probably done in order to cater to the Caucasian liberal democratic vote (The Human, No. 6, 1984).

*The Ontario (Canada) Public Service Employees Union passed a resolution in fall 1983, supporting de-criminalization of abortion and full access to it. A number of other unions have taken similar positions, particularly in Canada, including the United Auto Workers of Canada. Such a stance taken by organizations that hold coercive power over their members (e.g., closed shop unions) mean that even a member to whom abortion is immoral is forced to pay dues to support a pro-abortion stance, or s/he may be forced out of his/her job, and perhaps even out of his/her current line of work. Bizarrely, some unionists believe that abortion is not a union issue because it is "strictly a women's issue" (The Human, (5), 1984).

*A New York artist bought a human fetus (presumably aborted) for \$300, tattooed it, photographed it, and placed it in an art exhibit as "tattooed fetus" (Village Voice, 22/1/79; source item submitted by Karl Williams).

The Money Side of Abortion

*Colorado columnist Dottie Lamm (same name as the governor of the state) wrote a long column in the Denver Post (12/2/84) opposing a state constitutional amendment that would prohibit state funding of abortions. Her argument is that an abortion only costs \$269, and considering welfare mothers alone, each such abortion saves society hundreds of times its likely cost of medical care and welfare payments. (Source item submitted by David Wetherow)

*A Toronto Sun columnist (28/2/84) complained that Ontario physicians get only \$127 for a saline abortion while American abortionists get \$831 (The Human, No. 6, 1984).

*A Lincoln, Nebraska, physician employed at the Ladies Center in Omaha did not report the fees he received for performing abortions there. When caught, he was sentenced to perform about 500 hours of unpaid service to the State Department of Correctional Services and an equal number to a youth service, and to pay \$5000 each to the youth service and the Women's Emergency Assistance Fund, all this in lieu of 5 years imprisonment and a \$10,000 fine. Though he had performed thousands of abortions, part of his service would consist of counseling youths on sexuality and birth control. Conceivably he might even perform free abortions. Ironically, the federal government will prosecute and imprison people who give to charitable bodies that portion of their taxes that would go to war preparation (Lincoln Journal, 2/5/84 & 7/5/84, source item submitted by Diane Lensch).

*We have commented before on the use of fetal tissue, at least in some instances from abortions, in human cosmetics. One such link came to light in 1981 when guards at the French-Swiss border came across a truckload of frozen human fetuses destined for the French cosmetics market. Californie Esthetique (California Beauty) is a skin care product from France which apparently is made from aborted fetus cells, though the company does not market materials in the US, and domestic manufacturers generally deny using fetal materials in their products, though it would not be illegal to do so (Focus on the Family, 5/84, source item submitted by John Morris).

The Abortion-Infanticide Link

*Again and again, we find that it is the pro-abortion advocates who also turn out to be pro-euthanasia advocates. For instance, US Democratic Congressman Henry Waxman, known for his vigorous pro-abortion advocacy, also led the congressional fight against any (Baby Doe) regulations that would restrict infanticide of the handicapped newborn (The Human, (6), 1984).

*The connection between abortion and infanticide has been made clear once again in a law suit in New Jersey in which the parents sued their physicians for having failed to advise them to have amniocentesis performed prior to the birth of their child with Down's Syndrome. They further stated that they wanted the baby to die after birth, but that the hospital to which the baby had been taken insisted on repairing the child's defective esophagus (AP, 6/84).

*In some circles, the Village Voice (village standing for Greenwich in Manhattan) carries a lot of weight. Its editor is Nat Hentoff, who until recently has had the reputation of an arch-liberal. This reputation has suffered possibly irreversible damage since he came out in early 1984 in support of human rights for infants born handicapped. His editorials to that effect have been viciously attacked--as have he and his reputation. Among other things, he has been accused of having adopted "a rigid Ten Commandments morality." (E.g., Village Voice, 15/5/84, source item submitted by Karl Williams). Hentoff has also appeared on a public affairs television series where he has debated the issue with physicians who defended the practice of not treating children with spina bifida, the result being a 100% death rate. While his stance is much to be applauded, he has so far failed to tie it to the larger deathmaking scene. In fact, on the above-mentioned video series, he protested at one point indignantly that handicapped newborns were being treated 'as if they were mere fetuses'--which elicited convulsions of laughter from participants at one of the TI's recent Sanctity of Life workshops where the video was being shown.

The Infanticide Scene

*In a five year period between 1977 and 1982, 24 of the 69 infants with spina bifida at the Oklahoma Children's Hospital had treatment--in some instances, even including antibiotics--withheld, and all of them died within months, with an average life span of 37 days. In contrast, all of those who received aggressive treatment survived, including 6 out of 8 infants whose parents insisted on treatment even though the medical staff had recommended against it (Respect Life Report, 3/84).

*Bizarrely enough, newborn infants may be denied liquid and nourishment even when they are quite capable of utilizing it. Sometimes, this is done with the outright intent of inducing death where death might not otherwise occur, but sometimes it is done even in instances where children can fully be expected to die from other causes, and there is "no reason" to deny them basic nourishment. A good example are children born anencephalic. So far, such children have invariably died, usually within days, yet in recent years they have been denied liquid and nourishment on physicians' orders, apparently on the assumption that since they are going to die anyway, it would make no difference. Yet if such children live for a week or two, they may actually die from dehydration or lack of nourishment before they die from their brain pathology.

*A small case of model incoherency? Parents who, because of their religion, deny their children medical treatment are hauled before court on charges of child abuse or child neglect, but parents who deny their children treatment because they are handicapped are said to have "a painful private dilemma." Said a columnist in the Morning Union (Massachusetts, 17/4/84) "It's an ugly sort of people we are becoming." (Source item submitted by Bernard Graney)

*In London, a 30-year old father appealed on television for the abductor of his 15-day old daughter with Down's Syndrome to return the child. A few weeks, later, the father stood accused of having murdered the baby.

*A book, entitled The Long Dying of Baby Andrew, made yet another contribution to the growing sentiment for infanticide. The book, written by Robert (a college professor) and Peggy Stinson (1984) documented an unreasonable medical warfare against the nearly inevitable death of their very handicapped and poorly thriving newborn. The parents claimed that their baby was "taken over by a medical bureaucracy" that denied them access to the baby, and information and decisions about the child, and that went far beyond what was reasonable and morally required to save the child. On top of this, the pediatric hospital where the baby eventually died sent the parents a bill for \$104,000.

This is a bitter book, complicated by the fact that just before the child was prematurely born, the parents had contemplated an abortion because the pregnancy was not going well. By presenting this experience in a rancorous fashion of book length, the parents have undoubtedly contributed to the growing support for infanticide, particularly since the book was advertised in a very large ad (25/3/84) in the New York Times.

The book was also reviewed at great length in the New York Times (1/3/84). This review included a detailed documentation of the history of the Baby Doe guidelines battle, and its support for infanticide was clearly tied to its expressed approval of abortion. It voiced the increasingly popular opinion that since one can abort the fetus before birth, one should also be able to let it die afterwards. "The solution...is not to accept the poor life view that the fetus is a human being with the same moral status as yours or mine. The solution is the very opposite: to abandon the idea that all human life is of equal worth." The review then dismissed the idea that this belief will lead to yet further enlargement of euthanasia, and claimed that "the Nazi parallel (is) an old bogey which has no historical basis." It then endorsed the essence of Fletcher's criteria of

humanhood, such as consciousness, rationality, autonomy, and self-awareness, opined that "no one had the right to impose on anyone else the lifetime burden of caring for a severely handicapped child who has no reasonable prospect of a satisfying life," and warned that things could get "twice as worse if President Reagan gets his way."

*On 12/1/84, the US Department of Health and Human Services issued its "final rule" (i.e., regulations) on 'Healthcare for Handicapped Infants' (i.e., the so-called "infant Doe" cases), which was published in the Federal Register of that day.

The document provided a detailed history of what preceded it, and a systematic analysis of all the arguments that had been presented in hearings and depositions pro and con the various elements of the issue and the regulations that the document promulgates.

This material provides a great deal of evidence of deathmaking. For instance, a pediatric neurosurgeon at Chicago's Childrens Memorial Hospital said that he had found that 5% of the children referred to him with spina bifida had been victims of treatment denial. A registered nurse said that "the average American would be shocked at the decisions that are made regarding 'non-perfect' infants." She and others believed that parents are very commonly subjected to influence, advice, and pressure to let the child die, and a number of depositions said that they had seen this happen again and again. Even the American Society of Law and Medicine conceded that such decisions had been made "inappropriately."

There were also letters which referred to handicapped children as the "victims of neonatal intensive care units...which nature has rejected...who have no future and are a terrible burden on their parents and on this nation...." Within 20 minutes after giving birth to a child with Down's Syndrome, one mother was told by her pediatrician that he could let the baby starve in the hospital nursery.

Courts have had a tendency to refer to the decisions made by physicians in these cases as medical decisions, rather than as moral ones. This was the case in the so-called Bloomington Infant Doe case. The regulations accurately note that such opinions cannot automatically qualify as "reasonable medical judgment."

The regulations also noted that contesting of parental denial of consent to treat a child is an accepted part of hospital tradition, and that most hospitals have established procedures in such cases to petition courts to order medical care. Furthermore, state laws have established responsibility in such instances, and health care professionals are generally required by state law to report cases of abuse, including denial of needed medical treatment. Hospital action to seek judicial review in such instances was called "not uncommon." Further, a hospital "may not blindly implement improper discriminatory parental decisions," nor is it required to seek to unilaterally overrule the parents, "but it must adhere to the standard practices as required by state law."

It is rather pathetic to think that the tool which the federal government has been trying to use to prevent infanticide of handicapped children has been a set of regulations of a relatively new "rehabilitation" act. One would think that people's lives were protected by the federal constitution in the highest instance, and by all kinds of laws at lower levels that deal with the taking of lives, such as laws pertaining to murder, manslaughter, etc. To make recourse to a law that one would ordinarily associate primarily with occupational rehabilitation, and somewhat secondarily with social or other forms of rehabilitation, is already jarring and almost bizarre. Furthermore, to then have to take recourse to the regulations of this law so that everything depends on its wording testifies powerfully to the utter bankruptcy of the concept of the sanctity of human life in our society. Thus, one can actually applaud a court ruling that the federal Rehabilitation Act should not be used in this fashion, even though this ruling itself is almost certainly part of the total judicial collusion in the deathmaking of our society.

Absolutely tragic is the fact that the revised regulations take up a full 36 pages of the Federal Register, most of these in tightly squeezed very small print, and show a preoccupation with such minutiae as the precise location where the notices would have to be posted, the sizes of different postings down to the half inch, and an excruciatingly meticulous and detailed analysis of every single word included in the posting.

In airports around the world, including the US, one is apt to find signs that warn passengers what penalties they are subject to if they attempt to carry firearms onto an airplane. The January 1984 regulations for the Infant Doe postings take great pains to elaborate that it was decided not to include any sanctions in the required postings because mention of these sanctions would be "unnecessary." One thus concludes that medical establishments are composed of a sector of humanity which is radically different and presumably superior to airline passengers.

The regulations also documented 49 cases in which the department at least undertook inquiries in response to information received by its so-called hotline. It is not clear that a single baby's life was saved by any of these actions, and the investigations in many of the cases were still pending at the time this was published.

Among the bodies that had opposed the posting of the earlier notice mandated by the department was the Catholic Health Association. Among others, the Alabama Hospital Association strongly objected to Infant Doe regulations: "Under no circumstances should anyone less than licensed medical personnel be allowed to intrude in this area of medical decision-making and impose alternative judgments or conclusions." The American Medical Association suggested that the standards take into consideration both the presumed quality of life of the infant as well as the parental wishes in the matter. A number of child protective service agencies, including the National Council of State Public Welfare Administrators, opposed any inclusion in the postings that referred to their role in preventing medical neglect of handicapped infants.

In essence, what much of this opposition boils down to is (a) a demand by the medical profession to be its own judge and to submit to no other, or higher, authority, and (b) the fact that this society's profound adoption of what we call modernism, with its elements of materialistic, individualistic, relativistic and utilitarian values, has definite and concrete implications which include the deathmaking of inconvenient people.

One amazing thing about all of this is that all the regulations really require is the posting of an informational notice.

*There is increasing evidence that the Chinese government's policy of virtually prohibiting couples from having a second baby is leading to massive infanticide of female children--not only newborns but even those who are several years old. They may be put to death by the parents when the mother becomes pregnant again, in the hope that she will produce a son. Thus, ironically, the government's policy may be doubly effective in not only dramatically reducing the birth rate, but in producing such a shortage of females that not too many years hence, millions of Chinese males will be unable to find a mate, with all sorts of unpredictable, and not necessarily positive, societal consequences. For instance, there might be a dramatic upswing in male homosexuality, male sex crimes, the formation of warlord armies as in the past, etc.

Miscellaneous Human Service-Related News

*If you eat this apple.... A few years ago, we heard an endless litany of abuses at New York State's Willowbrook "Developmental Center" on Staten Island. Unable to put a stop to the abuses and perversions, the state found itself an ideal way out, as well as (what is very difficult to describe as other than) a naive sucker. The naive sucker was the United Cerebral Palsy (UCP), which incredibly consented to take on the governance of a big chunk of Willowbrook in 1975, including 450 residents, on the assumption that it would be able to do a better job.

All the way to Buffalo, one could almost hear the New York State central office people in Albany laughing at having gotten out of their Willowbrook dilemma. There was much publicity about all the great things UCP was doing or would be doing--- but soon the tables were turned, and UCP became the ogre Albany once had been. Instead of the voluntary association monitoring the state, the state now self-righteously became the monitor of the dysfunctionalities which UCP inherited from the state, and which it perpetuated. By 1981, the state was investigating such things as peculiar deaths at UCP's part of Willowbrook, questionable record-keeping and recording, and fiscal irregularities. For instance, UCP had reportedly awarded a \$260,000 security contract to a firm owned by a member of the UCP Board of Directors. Residents were reportedly required to purchase their clothing from a boutique run by UCP, with prices running up to 100% above retail. Staffers were ordered to requisition coats for residents, whether they needed them or not, because the boutique had overbought parkas. Said a state official (apparently with a straight face), 'We are going to get to the bottom of this' (UPI, in Syracuse Herald Journal, 22/6/81).

In 1983, UCP of New York had to declare bankruptcy and an unpayable \$8 million debt---exactly the opposite outcome from what it must have envisioned when it saw itself linking up with the state which, all along, has been spending virtually unlimited funds as long as they were spent for institutions and other destructive purposes in human services.

Many fools never learn that supping with the devil is profoundly perilous. Hopefully, UCP will give Willowbrook back to the state--or better yet, to the Indians from whom it was stolen in the first place.

*At just about the same time that the State of New York announced plans to close Willowbrook (once a byword for abuse for retarded people, and now known as the Staten Island Developmental Center), it also announced plans to construct three new units for profoundly retarded people at the facility (CARC News, 3/84).

*The government of the Canadian province of Manitoba in 1984 announced plans to place 20% of its mental retardation institution residents into community services during the next three years. Unfortunately, the government has been referring to this process as "decanting" residents. Also the province so far has strongly tended to fund only larger group homes rather than smaller ones. This has been one of the bones of contention, and a major argument by opponents of community group homes in Winnipeg, the capital of Manitoba. (Source item submitted by Zana Lutfiyya)

*The Community and Family Living Amendments Act of 1983, which has been promoted as a means of gradually phasing down funds going to institutions through Medicaid and increasing such funds for community services for retarded people, has been vigorously opposed by Christian institutions for the mentally retarded, as exemplified in articles by the (Catholic) St. Coletta School of Jefferson, Wisconsin, and the (Lutheran) Bethphage Mission in Axtell, Nebraska, in the 4/84 issue of the Newsletter of the National Apostolate with Mentally Retarded People. This shows once again how institutional empire-ism goes before the needs of afflicted people.

*In England, there are so-called "housing associations" which are organizations that secure housing, often in the form of apartments, for their members. People who join the housing association are called members, and by joining they obtain the privilege of living in association housing. Some local housing associations even have cooperative agreements with other housing associations, so that members who move from one locale to another may be able to transfer their membership housing association in the locale to which they are moving. A friend of ours lives in an apartment building which is owned by such a local housing association. Except for hers, each of the other apartments in the building are occupied by one or more former residents of an epilepsy institution. Some residents are quite

competent, others less so. Not suprisingly, many such residents resent being housed with primarily other former residents of the epilepsy institution, and many of them therefore do not get along with each other. Our friend's role in the apartment building is as something of a good neighbor to those tenants who need extra assistance, and even peacekeeper among them. Because so many of the flats are occupied by ex-residents of the institution, the social worker responsible for at least some of the people who live there had the bright idea of formally turning the building into a "hostel" for ex-residents of the institution, rather than to continue it as a housing association-owned, and therefore in many respects, generic and public, apartment building. The only obstacle to this change-over is the one apartment occupied by our friend, who will probably move out soon. (Submitted by Susan Thomas)

*For years, we have cheered and supported the efforts of Jubilee Housing in Washington, DC, which has been a communal Christian effort to rehabilitate slum housing, to utilize so-called "sweat equity" in the habilitation of old buildings, put poor people into ownership of their abodes, and achieve a degree of racial integration. These efforts have been so successful that Jubilee Housing has now mistakenly gone off the deep end by assuming that bigger is better, and is beginning to establish large ghettos of devalued people within large ghettos of devalued people. For instance, at a cost of \$650,000, it decided to establish whole buildings devoted entirely to the elderly poor, for up to 100 people, which is little different from the segregated high-rises for the elderly established by so many church-affiliated bodies. Says the proposal with exuberance: "Over the years, thousands of people can go to heaven from this stimulating, exciting place," and it quoted David Bunham as saying, "Make no little plans." The number allows for several shifts and salaried staff as a safeguard against the 'burnout' often experienced by those responsible for maintaining small group homes."

*Many advertisements that offer people an opportunity to establish some kind of work or business out of their own homes are fraudulent and bilk the respondents out of at least the initial fee that they get charged by the schemers. Apparently, several thousand people are being defrauded this way every year, a large proportion of them being marginal people, such as the elderly (Aging, No. 343, 1984).

*Quite aside from being outright robbed, or bilked out of vast sums of money, elderly people also receive extremely costly medical services which may not only be inappropriate and ineffective, but possibly even counterproductive, perhaps to the degree of contributing to senility and death. For instance, elderly people are sometimes inappropriately placed on drugs that are designed to reduce hypertension, but which act detrimentally upon the brain and reduce mental alertness.

*If you think that TIPS is heavy on bad news, you should read Children in Crisis, a monthly newsletter (\$22 a year) that promises to cover, in a fashion interpreted to be "professional, timely, hard-hitting," the following topics: child prostitution, juvenile sexuality, sexual abuse of children in general and latch-key children in particular, child pornography, other child abuse, abuse of snatched children, child suicide, drug pushing in elementary schools, teen pregnancy, the fears of nuclear age children, and successful therapy of abused children. Drily noted John Morris, who supplied the item, "Looks like folks in child and youth services have their work cut out for them."

*There is a small religious sect (only about 300 members) in Vermont that supposedly uses corporal punishment on its children in a way that at least some people find excessive. In June 1984, a force of 80 police officers and 50 (!) social workers swooped down on them to take away their 112 children. By the end of the day, a court required that the children be sent back to their parents. Aside

from social work conventions, when have we ever seen 50 social workers in one bunch? Further, their teaming up with police officers reminds us of what we say during our history slide show, namely that social work is largely the contemporary version of the post-Medieval "poor police."

*Since popes have begun to make public visits all over the world, the habit has arisen that hosts and others include handicapped people in the crowds that want to see the pope, or in special contacts with him. However, as might have been expected, the habit has also arisen to group such handicapped people together in distinct clusters that at the very least set them apart, create stereotyped images in observers' minds, and segregate them at least to some extent. An example is the Pope's visit to Winnipeg in September '84, where the local agency for the blind has been making arrangements to have all blind persons who wanted to participate positioned together in one spot, together with yet other handicapped people. (Source clipping submitted by David Wetherow)

*A "sexy handicapper nude calendar" has appeared which displays a dozen handicapped men and women in pinup photos. In all likelihood, non-handicapped people will prefer pinups of non-handicapped people--if any--and therefore, the use of all handicapped subjects must be expected to be meant to appeal primarily to other handicapped viewers. This certainly compounds segregation, and reminds us of some record albums put out a few years ago in order to capture the federal money then available to schools that contained "music for handicapped people." (Source item supplied by Hank Bersani)

*The New York State Association for Retarded Children has never officially changed its name to "citizens," as was done in the rest of the country. As a result, we now may witness such incongruities as one of the local chapters of the "Association for Retarded Children" opening an "Elders' Program" for its aged retarded people. It seems as if the retarded people went from being children to being elders without ever having been adults.

*The ploy of using a poster child in charity fund-raising was first developed by the US March of Dimes in 1946. In Canada, all Easter Seal poster children for 27 years have been referred to as either Timmy or Tammy. In 1984, Manitoba became the first province in Canada in 27 years that will no longer feature a poster child for its Easter Seal funding campaign. A large role in this move was played by the participation of handicapped people in the general membership and the board meeting from which this decision evolved. What has turned this issue around, and is also beginning to influence the thinking of many other groups, are the atrocities that have been committed now for many years in connection with the Jerry Lewis Muscular Dystrophy Telethons and other MD fund-raising events. However, all but one of the former Canadian Easter Seal poster children that were contacted by the media regretted the move. Said the Timmy of 1962: "It's an opportunity no one should be denied." (Source item submitted by Rob McInnes)

*The Holy Angels School for Retarded People in Shreveport, Louisiana, came up with an atrocious idea for making money. They had mud trucked in from the banks of the Mississippi and made "mud nuggets" out of it, putting them in small unbreakable containers tied with red, white and blue yarn, and then offered them for sale at the 1984 New Orleans World's Fair. A newspaper called them "dirt-cheap souvenirs" at \$1.50 (USA Today, 5/4/84).

*There is a new computer game out called Asylum, marketed by Screenplay out of Chapel Hill, North California. The advertising flyer says the following: "Last year over 20,000 Americans were committed to Asylum. Once people enter Asylum, they don't want to leave....Inside this thrilling adventure game from Screenplay, challenges lie around every corner, behind every door. There are hundreds of

doors, too! You've gone crazy from playing too many adventure games, You've been placed in the asylum to act out your delusions. To cure yourself, you must make good your escape. There's no one you can turn to for help, Almost every turn leads to a dead end. Or worse, vigilant guards stand in your way. If you can't outmuscle them, can you outthink them? Inmates line hallways offering help. But can they be trusted?...Getting out of the asylum may take months....Play Asylum. All you have to be committed to is fun." (Source item submitted by Deborah Evans Reidy)

*The latest euphemism for depicting the human body in the nude in such a fashion as to show the genitalia the way they really are is to call the depiction "anatomically correct." This term is particularly commonly applied these days in reference to dolls, and plays a large role in the kinds of dolls that are used by child therapists to deal with children who may have been sexually abused. How euphemistic the term is was revealed by the unveiling of the "Olympic Gateway Statuary" for the 1984 Olympics in Los Angeles. They consisted of 25-foot high bronze figures of a nude male and a nude female, modeled on the bodies of two real olympic athletes. However, even though the sculptures lacked heads and feet, they were widely acclaimed as being "anatomically correct." The whole thing can be very amusing to us in human services where we are constantly confronted by service logos of disjointed, dismembered and incomplete human bodies which could hardly be called anatomically correct even if they did prominently display their genitalia.

*The good news is that for the 1984 Olympics in Los Angeles, an olympic guide book for handicapped people was developed. The bad news is that a recent announcement in a periodical told the world that it was an "olumpid" guide book. (Source item submitted by Doug Mouncey)

*Inauspicious beginning. According to the APA Monitor (8/84), the new executive director of the President's Committee on Mental Retardation said that one of the biggest problems in the field of mental retardation is--that "statistics are so variable." Also, one of her first prominent announcements was that mentally retarded people can benefit from psychotherapy. The problem is that if they do, their psychotherapists will profit probably ten times more.

*In August 1984, about 65 people from all over North America came to Syracuse to a "birthshop" in observance of the TIPS editor's 50th birthday, qualifying him to be a "golden ager" according to the Catholic Golden Age society mentioned earlier. The birthday was actually July 26, but the birthshop had to be postponed two weeks because of the editor's travel schedule. The event opened with a social Friday evening, and then a series of presentations and reminiscences all day Saturday. Some of these were very humorous, some very profound. Several of them contained new material from the very cutting edge of human services. For instance, David Wetherow described an exciting new development which we mentioned in TIPS recently, namely an integrated cooperative apartment living and social network-building project in Winnipeg. John DuRand from St. Paul showed slides which interpreted some of the most advanced vocational concepts and practices. Jim Black, a mental retardation doctoral student at Syracuse University, gave a slide presentation reviewing the very practical, life-oriented curriculum he developed for severely handicapped middle school students. He also gave a fascinating slide presentation on the life of a mentally retarded young man, as seen by two groups of people in his life. To one group, he was incompetent and severely impaired, to the other group, he was a very accomplished person. Very appropriately, the presentation was entitled "The Truth About Mike."

As a reverse birthday present, the TIPS editor showed the premiere of a project on which he has been working for years, entitled "The Iconography of Mental Retardation." It shows what signs and symbols artists in the domain of representative arts have used across the millennia to convey to viewers that a person they depicted was lacking in intelligence. The presentation was punctuated with many slides which elicited oohs, aahs, and sometimes gasps from the audience.

The TIPS editor wants to take this occasion to thank all the people who arranged the event and who participated in it. It was indeed joyful and instructive.

Employment Opportunities

*Unusual employment opportunity. Steve Tullman, a long-time friend and associate of the TI, is now the director of a community residential service agency for retarded people in Louisville, KY, and is looking for persons to work with him. He is in a very unusual position, in that he can offer people a real opportunity to engage in valid service work while also giving them the support and protection necessary to do so. Persons interested in this opportunity can contact him at Community Living, 1347 South 3rd. Street, Louisville, KY 40208, (502) 637-6545.

*A position is opening up as the residential services consultant for the seven county service region around Louisville, KY. This is a great opportunity for someone who has had solid training in normalization/Social Role Valorization to conduct residential service change agency. The position also has much input on the promotion of adoption of handicapped children, of parent outreach, citizen advocacy, and similar related services. Interested parties should contact Dr. Jeff Strully, Seven County Services, 620 South 3rd St., 4th floor, Louisville, KY 40202.

*The Association for Retarded Citizens of Northern Virginia has an opening for a Citizen Advocacy Coordinator. Qualifications are a BA in human services with experience or training in volunteer management, mental retardation, and advocacy. Good benefits. Salary is \$15,000 per year. Send resume to ARC/NV, 100 North Washington Street, Suite 23C, Falls Church, VA 22046.

Miscellaneous

*Both organizations that have tended to defend the lives of handicapped people as well as those that have opposed such efforts have joined together to endorse a draft of an amendment to the US Child Abuse Prevention Treatment Act which would mollify all parties. Defenders of life should be aware that the proposed amendment seems to be born more from a desire to compromise and get along than from a commitment to the lives of endangered people--because the amendment would apparently accomplish absolutely nothing worthwhile that is new. It calls for the following. (a) "Coordination and consultation" among relevant parties. (b) "Prompt notification" where suspected medical neglect is taking place, including instances of withholding "medically indicated treatment" from handicapped infants. Insofar as the relevant moral decisions have already been almost universally declared to be medical decisions, this statement means absolutely nothing. (c) The establishment of authority, under state laws, for state child protective services to intervene--which probably all such services have already had. So don't be fooled by the ballyhoo efforts to pass the amendment, or by assurances what good it would do if it were passed, or by claims of what it will do if it is passed.

*The population and eugenic practices of China are beginning to be imitated in Singapore where better-educated women are encouraged to have more children than poorly educated ones, and where the children of poorly educated ones are promised access to better education if their mothers earlier agreed to be sterilized after one or two children (NCR, 2/3/84).

*At TI workshops we sometimes speak about "externalism" being one of the hallmarks of contemporary modern hedonism. According to Time (2/7/84) the play "Hurlyburly" by David Rabe is all about illustrating what externalism is, being filled with characters who are highly verbal, to whom education and intelligence and culture have given sophisticated linguistic systems, but who are empty inside. "It leaves them without the tools they need to know their own minds, let alone the complexity of their shared existence."

*A lot of people are not aware of how in March of 1984, the Reagan administration tried to get Congressional approval for \$114 million emergency military aid for El Salvador and the Nicaraguan rebels. They attached the authorization to a bill that would have provided \$200 million for home energy assistance for low-income citizens. This would have forced a member of Congress opposed to American oppression in Central America to vote against poor Americans receiving assistance with winter fuel costs.

*Medicare, available to all elderly people (currently 26 million enrollees) and certain handicapped ones (currently 3 million), pays less than half of the health care expenses of the elderly. Under its present arrangement, Medicare would run out of money in the early 1990s, and thus efforts are under way to change the legislation. If the scheme is to be self-supporting, it would probably have to begin reducing benefits to the more affluent elderly. This is a two-edged sword. On the one hand, there is justice in affluent people paying more toward their own medical bills. On the other hand, the way things have been going, it would probably mean that more elderly people would be made poor, especially since medical costs have consistently been rising much faster than the cost of living, namely about 18% annually since 1970.

*The good news is that between 1973 and 1982, home health expenditure under Medicare and Medicaid has increased from about \$125 million to \$1.7 billion. The bad news is that expenditures for institutionalization under Medicaid alone rose from less than \$3 billion to over \$9 billion (Aging, No. 343, 1984).

*A reader of Time (30/1/84) pointed out that people are more willing to have their pets castrated if their veterinarians call it "neutering." A poster that can be found in some vets' offices says "neuter is neater." All this illustrates what we mean by the term "detoxification," and how it is equally applicable from the smallest issues all the way to the mass killing of people.

*In 1982, about 4500 people in the US were arrested for civil disobedience for war protests. In 1983, the number rose to 5300 with at least 140 occasions at more than 60 sites (CP, no. 4, 1984).

*In a recent TIPS issue, we noted that "being fed in the prone position is the worst one (even life-endangering) for handicapped people in nursing homes." D. Jay Orr of the Redfield State Hospital and School in South Dakota wrote to us, noting drily that "nearly as dangerous to the elderly, I would imagine, would be to be fed in the supine position." With which we can only heartily agree.

*We have recently learned that some of our friends have been addressed by a new title. Bruce Uditsky from Alberta tells us that some of his colleagues have occasionally referred to him as a PASS-hole.

*In the 1950s, human service spending was estimated to have increased by 83%, in the 1960s by 188%, and in the 1970s by 313%. We emphasize yet once more that people inaccurately keep talking about the 'Reagan cutbacks,' where no actual cutbacks have taken place, only the reallocation of funds from some categories to others, and a diminishment of the growth rate in some sectors.

"HOUSEKEEPING ANNOUNCEMENTS"

TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, insights, reviews and viewpoints that relate to the interests and mission of the Training Institute. At the present, this mission has to do with reading "the signs of the times," and interpreting their meaning for human services. While TIPS is mostly concerned with phenomena and developments that have to do with human services, reading and telling the "signs of the times" necessitates that TIPS also address some of the larger issues which affect our society and the quality of life on earth, as well as the ways in which decisions are made in our society, because these higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually, each TIPS issue will focus primarily on one specific theme. TIPS addresses relevant developments whenever and wherever they occur, so disclosures of adaptive or horrific developments promoted by a particular political party or government should not be taken as partisan political statements. We assume that subscribers are people who lead hard lives struggling against great odds, and are aware of many shortcomings in human services. Thus, we try to inject levity into TIPS so as to make subscribers' lives more bearable (or less unbearable, as the case may be), even if not deliriously joyful. In fact, the "signs of the times" are depressing, and thus some TIPS content is in need of occasional levitation. TIPS tries to report developments truthfully, but since it gets many items from other sources, it cannot be responsible for errors contained in original sources. Specific items from TIPS may be reproduced without permission as long as the full TIPS reference is cited/acknowledged, and as long as only small portions of a TIPS issue are so reproduced.

The Training Institute. The Training Institute for Human Service Planning, Leadership and Change Agency (TI), directed by Wolf Wolfensberger, PhD, is part of the Division of Special Education and Rehabilitation of Syracuse University's School of Education. Dr. Wolfensberger is a professor in the Mental Retardation Area of that Division. Since its founding in 1973, the TI has never applied for federal grants, and has been supported primarily by fees earned from speaking events and workshops across the world, and to a small extent from consultations, evaluations of services, and the sale of certain publications and planning and change agency tools (see "TI Publications" below). TI training has: (a) been aimed primarily at people who are or aspire to be leaders and change agents, be they professionals, public decision-makers, members of voluntary citizen actions groups, students, etc.; and (b) primarily emphasized values related to human services, the rendering of compassionate and comprehensive community services, and greater societal acceptance of impaired and devalued citizens.

Invitation to Submit Items for Publication. We invite submissions of any items suitable for TIPS. These may include "raw" clippings, "evidence," reviews of publications or human service "products," human service dreams (or nightmares), service vignettes, aphorisms or apothegms, relevant poetry, satires, or brief original articles. We particularly welcome items telling of positive developments since bad news is so frequent as to be the norm. Send only material you don't need back, because you won't get it back. If we don't goof, and if the submitter does not object, submissions that are used will be credited.

Dissemination of TIPS. Readers are requested to draw the attention of others to TIPS, and to encourage them to subscribe. A subscription/renewal form is found on the back of each issue. Please consider photocopying this form and forwarding it to potential subscribers. Also, we appreciate subscribers announcing the availability of TIPS wherever appropriate in other newsletters and periodicals.

TIPS Back-Issues Available. TIPS tries to have a supply of back-issues available for new subscribers who wish to complete their set. Let us know what you need, and we will negotiate a package price.

TI Publications. The TI sells or recommends a number of items relevant to its mission, and lists them on a "publication. list" which is updated about 2 times a year. If you want one or more copies, please let us know.